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**TRANSMITTAL
FORM**

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		Application Number	10/701,146
		Filing Date	Nov 4, 2003
		First Named Inventor	Smith, Jr., Frank C.
		Art Unit	3644
		Examiner Name	Dinh
Total Number of Pages in This Submission		Attorney Docket Number	50121

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Response to Non-final Office Action Mailed 3/19/08
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Affidavit Under 37 CFR 1.132
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of Preliminary Amendment mailed 3/3/08
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<p>Remarks</p> <p>It is believed that no request for extension of time or fees are due. Notwithstanding, the Commissioner is authorized to charge any additional fees incurred or credit any overage to Deposit Account No.50-1753 (50121). Please regard this as a further request for extension of time to the extent one is needed. (Customer Account Number 22929).</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Shaper Iler LLP		
Signature			
Printed name	Sue Z. Shaper		
Date	June 6, 2008	Reg. No.	31663

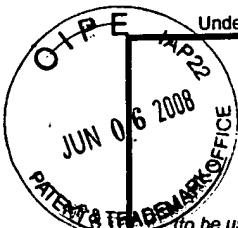
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Express Mail – EV785080964

Signature			
Typed or printed name	Sue Z. Shaper	Date	June 6, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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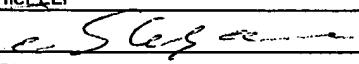
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Remarks
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Shaper Ille LLP		
Signature			
Printed name	Sue Z. Shaper		
Date	March 3, 2008	Reg. No.	31663

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Signature			
Typed or printed name	Sue Z. Shaper	Date	March 3, 2008

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